In Witness Whereof, the Borrower(s) have executed this Modification Agreement.

_________________________________ (Seal)
Borrower

____
Date

_________________________________ (Seal)
Borrower

____
Date

________________ [Space Below This Line For Acknowledgments] ________________

STATE OF ______________________) SS

COUNTY OF ______________________)

On ______________________________, before me, ___________________________ personally appeared ______________________________________, personally known to me (or proved to me on the basis of satisfactory evidence) to the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that his/her/their signature(s) on the instrument to the person(s) or the entity upon behalf of which the person(s) acted executed the instruments.

I certify under PENALTY OF PERJURY under the law of the State of _________________ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature ________________________________
Printed Name: ____________________________
My Commission Expires: ____________________

In Witness Whereof, the Lender has executed this Modification Agreement.

PNC BANK:

By: ______________________________
[

Its: Authorized Representative

___________________________ [Space Below This Line For Acknowledgments] ___________________________

STATE OF OHIO) ss:

COUNTY OF CUYAHOGA)

On this, the _______ day of ________________ , __________ before me, a Notary Public, the undersigned officer, personally appeared ____________________________________, who acknowledged himself/herself to be an authorized signer of PNC Bank, N.A. and that he/she, as such officer, being authorized to do so, executed the foregoing instrument for the purposes therein contained by signing on behalf of said bank as such officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public: ______________________________________
Printed Name: ______________________________________
My Commission Expires: _____________________________
County of Residence:_________________________________

AUTOMATED PAYMENT (ACH DEBIT) AUTHORIZATION FOR HOME EQUITY - LOANS / LINES OF CREDIT

I authorize and direct the depository bank where I have my checking/savings account as identified below ("Depository Bank") to make payments to PNC Bank for my Home Equity Loan or Home Equity Line of Credit as identified below ("Account") on the Account's payment due date as shown on my monthly billing statement, and to charge by checking/savings account at Depository Bank as designated below:

______________________ **Depository Account Number**	______________________ **Home Equity Loan/Line of Credit Account Number**
______________________ **City and State**	______________________ **Routing and Transit Number** (9-digit number at bottom left of check)
Type of Account:	[ ] Checking or [ ] Savings* *There is a limitation of six (6) pre-authorized transfers per month for savings account.

PLEASE ATTACH A VOIDED CHECK OR A DEPOSIT SLIP FOR VERIFICATION OF DEPOSITORY INFORMATION

I understand that if I have a variable rate loan, I will receive prior written notice of any change in my payment amount and when it will go into effect. PNC Bank may, in its discretion, initiate ACH credit entries/adjustments to the Account indicated above in the case of any debit entry initiated in error.

I acknowledge and agree that this Automated Payment (ACH Debit) Authorization will remain in full force and effect until PNC Bank receives written notification from me of its termination. Such notice must be sent at least twenty (20) days in advance of my next payment date to the address noted below. I further agree that PNC Bank shall have a reasonable period of time upon which to act on such instruction and turn off the ACH payment.

PLEASE CONTINUE TO SEND PAYMENTS AS NOTED IN YOUR BILLING STATEMENT UNTIL YOU RECEIVE WRITTEN NOTICE OF ACH PAYMENT SETUP

By signing below, I acknowledge that I understand the terms of this Automated Payment Authorization and that I have received a copy for my records.

______________________ Name of Deposit Account Holder	______________________ Social Security Number of Deposit Account Holder
______________________ Deposit Account Holder's Signature	______________________ Date

PLEASE SIGN AND RETURN THIS FORM WITH THE ATTACHED LOAN DOCUMENTS TO THE ADDRESS NOTED BELOW

148662

ACHAUTHLOAN_1

Consumer Loan Services, Locator BR-YB58-01-A, 6750 Miller Rd., Brecksville, OH 44141

Signing Instructions:

Customer:

Sign your name as it appears on Page 1 of Modification Agreement

Notary:

Print the Customer's Name exactly as they signed (which should match the 1st page of the modification agreement)